

Strategies for joining to the treatment for seropositive pregnant women to human immunodeficiency virus

Pereira, Fabiani Weiss; Kleinubing, Raquel Einloft; Ilha, Silomar; Gomes, Giovana Calcagno; Souza, Michele Bulhosa de

Veröffentlichungsversion / Published Version

Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Pereira, F. W., Kleinubing, R. E., Ilha, S., Gomes, G. C., & Souza, M. B. d. (2015). Strategies for joining to the treatment for seropositive pregnant women to human immunodeficiency virus. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(3), 2796-2804. <https://doi.org/10.9789/2175-5361.2015.v7i3.2796-2804>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see: <https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Estratégias para a adesão ao tratamento de gestantes soropositivas ao vírus da imunodeficiência humana

Strategies for joining to the treatment for seropositive pregnant women to human immunodeficiency virus

Estrategias para la adherencia al tratamiento a las mujeres embarazadas vih-positivas al virus de inmunodeficiencia humana

Fabiani Weiss Pereira¹, Raquel Einloft Kleinubing², Silomar Ilha³, Giovana Calcagno Gomes⁴, Michele Bulhosa de Souza⁵

ABSTRACT

Objective: To identify the strategies that the professionals use to assist in adherence to treatment of HIV positive pregnant women with Human Immunodeficiency Virus. **Method:** This was an exploratory, descriptive qualitative research study developed with ten professionals working in a Center and Counseling Center in southern Brazil. Data were collected from May 2010 through semi-structured interviews were subjected to thematic analysis. **Results:** The results showed as strategies welcoming actions, to include these pregnant women in the service and rapprochement with the team; conducting group activities and active pursuit of defaulting, respecting their autonomy and preserve their secrecy. **Conclusion:** that adherence to treatment is necessary for the staff involved in the care of interdisciplinary, humanized and qualified manner; the nurse may be the organizer of the shares was concluded. **Descriptors:** HIV, Pregnant women, Health professionals, Nursing.

RESUMO

Objetivo: Identificar as estratégias que os profissionais utilizam para auxiliar na adesão ao tratamento de gestantes soropositivas para o Vírus da Imunodeficiência Humana. **Método:** Trata-se de uma pesquisa exploratória, descritiva de caráter qualitativo desenvolvida com dez profissionais que atuam em um Centro de Testagem e Aconselhamento no sul do Brasil. Os dados, coletados no período de maio de 2010 por meio de entrevistas semiestruturadas, foram submetidos à análise temática. **Resultados:** Os resultados apontaram como estratégias ações de acolhimento, visando a inclusão dessas gestantes no serviço e a aproximação com a equipe; a realização de atividades grupais e a busca ativa das faltosas, respeitando sua autonomia e preservando seu sigilo. **Conclusão:** Concluiu-se que para a adesão ao tratamento é necessário que a equipe esteja envolvida no atendimento de forma interdisciplinar, humanizada e qualificada, podendo o enfermeiro ser o articulador das ações. **Descritores:** HIV, Gestantes, Profissionais da saúde, Enfermagem.

RESUMEN

Objetivo: Identificar las estrategias que utilizan los profesionales para ayudar en la adherencia al tratamiento de las mujeres embarazadas VIH positivas con virus de inmunodeficiencia humana. **Métodos:** Se realizó un estudio exploratorio, descriptivo cualitativo de investigación desarrollado con diez profesionales que trabajan en un centro y Counseling Center en el sur de Brasil. Los datos fueron obtenidos desde mayo de 2010 a través de entrevistas semi-estructuradas fueron sometidos a análisis temático. **Resultados:** Los resultados mostraron que las estrategias de dar la bienvenida a las acciones, para incluir a estas mujeres embarazadas en el servicio y el acercamiento con el equipo; la realización de actividades de grupo y búsqueda activa de incumplimiento, respetando su autonomía y preservar su secreto. **Conclusión:** que la adherencia al tratamiento es necesario que el personal involucrado en la atención de manera interdisciplinaria, humanizada y calificada, la enfermera pueda ser el organizador de las acciones se concluyó. **Descriptor:** VIH, Mujeres embarazadas, Profesionales de la salud, Enfermería.

¹Nurse. Nurse Specialist in women's health. Doctoral Student in Nursing Graduate Diploma in Federal University of Rio Grande Nursing Program (FURG). Member of the Group of Studies and Research on Nursing, Gender and Society (GEPEGS / FURG). Mailing Address: Rua Dom Pedro II, 205, apto 3. Bairro Cidade Nova, ZIP CODE: 96211-560. Rio Grande (RS), Brazil, ZIP CODE: 96.201-900. E-mail: enffabiweiss@hotmail.com; ²Nurse. Specialist in Intensive Care with emphasis on oncology and CIH. Student in Nursing at Federal University of Nursing Graduate Program of Santa Maria (UFSM). Member of the Research Group Health Care of Individuals, Families and Society (GP-PEFAS/UFSM). Fellow Social CAPES Demand. Santa Maria (RS), Brazil. Email: raquel_e_k@hotmail.com; ³Nurse. PhD in Nursing of the Graduate Program in Nursing, Federal University of Rio Grande (PPGEnf/FURG). Rio Grande (RS), Brazil. Email: silo_sm@hotmail.com; ⁴Nurse. Doctor. Graduate program in nursing professor at the Federal University of Rio Grande (PPGEnf/FURG). Rio Grande (RS), Brazil. Email: acgomes@mikrus.com.br; ⁵Nurse. Master. Graduate Professor in Nursing, Federal University of Pampa (UNIPAMPA). Uruguaiiana (RS), Brazil. Email: michelebulhosa@gmail.com

INTRODUCTION

The positive for the Human Immunodeficiency Virus (HIV) can lead to serious impact on women's lives, especially when the diagnosis occurs during pregnancy because motherhood is revealed as a sign of life and hope in opposition to the idea of related death syndrome Human Immunodeficiency Virus (AIDS).¹ Thus, it can occur from denial of diagnosis, passing by several conflicts, to acceptance and mobilization efforts for the balance of physical and emotional conditions, as well as control the disease and its Child Transmission (TV) to the newborn.²

The TV HIV is the most common form of perinatal infection, with exposure rates of up to 8,2%.³ In this sense, there is the late diagnosis of HIV infection during pregnancy, poor compliance to the technical recommendations by of health services and the quality of care, especially in regions with low service coverage and less access to health care services, as main factors that hinder the reduction of national TV rates of HIV.⁴

Thus, it is important that pregnant women have easy access to services and health professionals. The prenatal consultations should follow flexible intervals, so that pregnant women who have adverse effects to the use of antiretroviral drugs or other difficulty of compliance not discontinue treatment.⁵ It can be seen that adherence to antiretroviral therapy by pregnant women "suffer influence of a number of factors that are: correct use of medication, coping with side effects and even the concealment of drugs so that the neighbors do not know the disease".^{6: 28}

In view of the gravity of the non-compliance of these women to treatment for the child and the health of the woman herself becomes necessary to implement strategies to promote the accession. In this context, highlights the need to identify/ develop strategies that enhance adherence to antiretroviral treatment for HIV among pregnant women attended in health services. The nurse is usually the professional responsible for leading and systematization of the care process to individuals in different scenarios in which they are found. However, only one professional cannot develop the care of extended and consistent with the individual/collective needs, making necessary coordination between the various areas of knowledge in favor of a comprehensive care.

In this respect, stresses the importance of the interdisciplinary team in the monitoring of pregnant women with HIV who experience treatment for prophylaxis of TV, offering these women an effective and humane care. The follow-up treatment search beyond the prevention of maternal and fetal mortality, ensure the wellbeing and promote understanding and adapting to new experiences from pregnancy, and equip pregnant women in relation to care in this period.⁷

Thus, the study, focusing on health professionals and HIV positive pregnant women for HIV, it is important, because of the need to create/implement strategies that promote

adherence to treatment during the period. Thus, the question is: what strategies are being created/implemented by the health team of a Centre for Testing and Counseling (CTC) to promote adhesion of HIV-positive pregnant women for HIV/ AIDS treatment?

In an attempt to answer the question and the expectation of possible looks interactive and committed to the care of HIV positive pregnant women for HIV, this study aimed to: identify the strategies that professionals use to assist in adherence to treatment of HIV-positive pregnant women to Virus Human Immunodeficiency Virus.

METHOD

This is a descriptive, exploratory qualitative approach. This type of study aims to provide an overview of a situation and can be considered as the first step of a broader research, since, as a result of its results, can be organized strategic plans of action, contributing to the changing reality investigated.⁸

This study was conducted in an CTC a city in southern Brazil. This service began operations in 1995 and is responsible for health education activities with group of pregnant and postpartum women; conducting HIV testing and CD4 testing routing and viral load; delivery of test results with counseling and nursing consultation, distribution and dispensing drugs.

The unit in question has the care by a multidisciplinary team, comprised of 12 professionals, two which: two doctors (pulmonologist and gynecologist), two nurses, two psychologists, a dentist, three nursing techniques, a pharmaceutical and an intern in service social. Inclusion criteria for this study were established to be a professional player in the CTC. The study excluded professionals who, in the period of data collection, were on vacation or medical certificate. It met the inclusion criteria, forming the corpus of this study, ten participants.

Data were collected in May 2010 by single semi-structured interviews with each participant. It was held at the professional workplace as date and time previously agreed with them. The interviews lasted about 20 minutes, were audio mp3, upon presentation and signing the Consent to the participant. For the treatment and interpretation of the data, we used the thematic content analysis "includes a series of relationships and can be graphically presented by a word, a phrase, a summary".⁹

This analysis seeks to systematize and description of message content.

Thus, the operation of the review process followed the three steps of the method. In the first stage, called pre-analysis sought to do a thorough reading of the data, then the organization of the material and formulation of hypotheses. Following the exploration of the material was performed, that is, we sought encode the raw data. In the third and final phase, the data were interpreted and delimited themes, according to the meanings ascribed.⁹

The ethical and legal principles were considered involving research with human beings, according to Resolution 466/12 of the National Health Council.¹⁰ Thus we asked the consent of each participant and submitted after the Consent and Informed (CI) for the participants, which is signed in duplicate, being one with the participant and the other to the researchers. There was remained the anonymity of the subjects that have been identified by the letter "P" (professional), followed by a digit, as interview order (P1, P2 ... P12). The research project was approved by the Research Ethics Committee of the Federal University of Pampa/RS (UNIPAMPA) as Opinion No. 005/2010.

RESULTS AND DISCUSSION

From the analysis revealed three categories: Home: an attitude of inclusion and approach; Group of pregnant women: a way to promote ownership; Active search: respect for autonomy and confidentiality.

Host: an attitude of inclusion and approximation

The host implies a collective commitment. It is not a space or a place, does not presuppose time, or specific professional to do it, involving the sharing of knowledge, anguish; also means putting yourself in another's place, with responsibility and solution.

[...] I think the host. The patient feels that the service is worried about her. You have the service as a reference to find support, guidance and support [...]. (P1).

[...] Accept that pregnant women and share their troubles. Try to understand it; it is essential [...]. (P7).

[...] I always put myself in their place, it is difficult to be pregnant and HIV, having to ingest medications when what is learned is that pregnant uses no remedy; not being able to breastfeed when you learn as a child is that the mother should feed her child [...]. (P9).

[...] I try to solve her problems, try to share it with all your desires, no matter neither the time nor the place [...]. (P10).

Thus, the link can be started from the host, which is fundamental for treatment adherence. Within this perspective the host to have as communication strategy between the CTC and other care networks for people, such as hospitals and Family Health Strategy Units (ESF):

[...] The partnership with the hospital I think it's important, right? A strategy that would work well would be to establish good

communication, involvement between us (CTC professionals) and the hospital [...]. (P1).

[...] If the family health program was more linked with us here, I'm sure that accession would improve, would be more effective, they would feel better received, the link would improve and membership as well. (P10).

Another strategy that can be observed in the account of a participant argues about the importance of service reference and counter-reference between the CTC and the other to the pregnant patient service centers.

[...] It would be important to have more communication between the services, the reference and counter reference is also included in the host, right? [...]. (P8).

Group of pregnant women: a way to promote adherence

Professionals consider that the group of pregnant women, entered recently in the industry, is characterized as a good strategy for adherence to antiretroviral treatment. Therefore, the reports:

[...] The group of pregnant is very good, promotes the active participation [...]. (P2).

[...] Know that the best strategy I think it helps them (pregnant women) on the compliance of all, is this group of pregnant women that the university is helping here [...]. (P4).

[...] I think the group of pregnant women is very good to help them in accession [...]. (P8).

[...] I believe that this group that we started now. [...] Should already be forever, just the possibility of working the importance of treatment adherence. The group of women who I do with academic nursing and a possible guest [...]. (P10).

Active search with respect to autonomy and confidentiality

Active surveillance was also mentioned as a strategy to assist in the capture of pregnant women who for some reason do not attend the CTC and that may abandon the treatment, harming yourself and consequently his son:

[...] Interdisciplinary work with active search, made by the agent, transferred to the nurse and passed on to the whole team. That works and helps maintain stimulated wife and participant [...]. (P5).

[...] We have greater control over the membership through active search. It's a good strategy [...]. (P6).

[...] In the HIV sector I think that such conduct is important, but we late to deploy, because he says he had a law that you could not conducting active surveillance. But I do not know that part, as we do

in the strictest confidence and respect. The patient is autonomous and comes because he knows that it is important [...]. (P3).

Monitoring the period of prenatal help women expand their knowledge, an important moment for health promotion and disease prevention and consequences to both the mother and son, with respect to the occurrence of complications from infections like HIV. In this sense, counseling can act as care tool in the interaction between the subjects and their subjectivities and thereby promote the exchange of knowledge and feelings in building mutual learning.¹¹

However emphasizes the need to support these care actions in the humanization, aiming health actions more welcoming, responsive and resolving.¹² The host is assumed to create listening spaces, dialogues and reception that provides the interaction of patients and professionals, establishing a link between these.¹³

In this conception, the host is no longer a punctual and isolated action of health production processes and multiplies in several other actions, expressing an attitude of inclusion and approach. Study participants reported the importance of empathy; "put you in the place of" listening no matter the time or place, that is, reported doing host.

It is essential that health professionals lead the way calls the pregnant woman can feel secure with regard to monitoring the health team and, in particular, rely on recommendations about care during pregnancy and puerperal process. Develop strategies approach with the reality of these women, assessing what difficulties the mother/family is finding, becomes essential and fundamental to the work of professionals, especially nurses.¹⁴

It was noticed in this study that the professionals understand that greater coordination is necessary trying to consolidate institutional partnerships that can receive and be resolving, since the lack of host can compromise the attachment of the patient and therefore the adherence to treatment. In this sense, the development of strategies to improve adherence to Antiretroviral Therapy (ART) of these women requires research and understanding the factors that influence their construction, recognizing the management of difficulties with medication until the impact of the disease in these women's lives. Because of the many causes, the coping of non-adherence should consider measures with multifactorial approaches, since no single approach is capable of dealing with the complexity that involves being a woman/pregnant women with HIV/AIDS.¹⁵

Thus, the accession of women to treatment may be related to the quality of care provided by the service and by health professionals. A study conducted in a hospital located in the Midwestern region of Rio Grande do Sul aimed to identify the measures that assist in the proper completion of the treatment found also as strategies the formation of groups who helped in greater treatment adherence.¹⁶ been found that this environment enhances the reception for the relationship between professional and patient, which facilitates the strengthening interventions that motivate pregnant women to treatment adherence by the share of challenges and the search for alternatives to overcome them.¹³

The professionals expressed doubts and uncertainty about how to proceed active search, they did not know if they had ethical and legal support to do it. When there is abandonment of finding the treatment is important to occur search. However, one must

have prior authorization from the patient Informed Consent signature and Clear (IC) according to rules No. 1626, made in July 2007. The rules regarding confidentiality as that afforded to patient support, while also respecting their autonomy.¹³

Often, the health team becomes a source of support and reference, as this know the diagnosis. Thus, the patient feels secure about secrecy, without the need often disclose to others, avoiding the spread of the diagnosis.¹⁷ Thus it is evident that the continuous monitoring of health should include individual stocks and group to promote and support the implementation of antiretroviral treatment, considering individual behavior and their social support network. In addition, the health service should conduct health education activities, seeking to welcome, advice and accompany people with HIV/AIDS and their families.¹⁶

It is noteworthy also that the production of care should understand the unity and coordination of these actions, adding accountability and the resolution in monitoring the user path in network services.¹⁸

In the context of pregnancy on HIV/AIDS, these questions indicate the professionals, the need for operationalization of care in addition to the clinical demands of prevention and treatment. One should also consider the emotional and socio-cultural spheres of the pregnant woman. Knowledge of HIV status raises the importance of support which sets the pregnant woman and her social and familial interaction network in order to determine the comprehensive care.¹⁵

CONCLUSION

The objective was to identify the strategies that professionals use to assist in adherence to treatment of HIV-positive pregnant women for the Human Immunodeficiency Virus in a Testing and Counseling Center. The results showed as strategies welcoming actions, to include these pregnant women in the service and the approach to the team; conducting group activities and the active search for defaulting, respecting their autonomy and preserving their secrecy.

Even realizing some difficulties in implementing these strategies listed with the need to staff the joint, can recognize its commitment on treatment adherence of these women, for through the strategies tried to clarify the importance of treatment in the present condition of life women.

However, restrict care only in treatment can end up making this look like a medicalized and technicalities process, since care permeates the pharmacological and clinical issues and involves all subjective and intersubjective aspects of human beings. In this context, one can see that there is the account of the commitment and humanization, but the whole team has to be involved in service, in an interdisciplinary way, so that the pregnant woman has a humanized and qualified service.

In this perspective, the nurse may be the articulator of actions. This professional has the expertise needed to develop a job that involves everyone and that allows a call in which these women feel welcomed, in order to establish confidence in the team, supporting for the reception and formation of bonds between both parties, each comprising their responsibility to therapy.

The group of pregnant women was recently entering the industry. There needs to be a team commitment in relation to the group's stay, strengthening the activities with pregnant women. It is suggested that it be continued through the nursing attitude taken jointly with other professionals. In addition to group activity, showed the active search as another abandonment prevention strategy to treatment and adherence.

It is hoped that this study encourage further research on the care of this population in order to contribute to the improvement of care with care. In addition to enabling the development of new research, we hope this study will provide grants for academic and health professionals reflect on the service offered and the importance of adherence to ART for pregnant women.

REFERENCES

1. Costa MS, Patrício CL, Bispo GMB, Rodrigues EMD, Araújo DB. HIV testing: knowledge, meanings and experiences of pregnant women. *J res: fundam care online*. 2013 jul;5(3):10-7
2. Braga ICC, Sousa CAC, Souza SR. The faces of vulnerability - women, mother, HIV positive: reflections on women health nursing. *Rev. de Pesq.: cuidado é fundamental Online*. 2010 jan/mar;2(1):572-82.
3. Brasil. Boletim Epidemiológico- Aids e DST. Ano IX, n 1. Brasília: Ministério da Saúde; 2012.
4. Brasil. Secretaria de Vigilância em Saúde. Programa Nacional de DST e Aids. Recomendações para Profilaxia da Transmissão Vertical do HIV e Terapia Antirretroviral em Gestantes: manual de bolso. Brasília: Ministério da Saúde; 2010.
5. Leal AF, Roese A, Sousa AS. Medidas de prevenção da transmissão vertical do HIV empregadas por mães de crianças positivas. *Invest Educ Enferm*. 2012;30(1):44-54. Disponível em: <http://aprendeonlinea.udea.edu.co/revistas/index.php/iee/article/view/8737/10619>
6. Barbosa PSD, Ribeiro LDF, Matão MEL, Campos PHF, Miranda DB. Adesão ao tratamento anti-retroviral por gestantes soropositivas. *Rev enferm UFPE on line*. 2010 oct/dec;4(4):1823-31. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/1182/pdf_239
7. Liotta G, Mancinelli S, Nielsen-Saines K, Gennaro E, Scarcella P, Magid NA, et al. Reduction of Maternal Mortality with Highly Active Antiretroviral Therapy in a Large Cohort of HIV-Infected Pregnant Women in Malawi and Mozambique. *PLoS One*. 2013 aug;8(8):10-1371. Disponível em: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0071653>
8. Cansonieri AM. Metodologia da pesquisa qualitativa na saúde. Rio de Janeiro: Vozes; 2010.
9. Minayo MCS. Pesquisa Social: Teoria, Métodos e Criatividade. 29ª. edição. Petrópolis: Ed. Vozes, 2010.

10. Brasil. Conselho Nacional de Saúde. Diretrizes e normas regulamentadoras de pesquisa envolvendo seres humanos. Resolução n. 466, de 12 de dezembro de 2012. Brasília (DF): Ministério da Saúde; 2012.
11. Feitosa JA, Coriolano MWL, Alencar EN, Lima LS. Aconselhamento do pré-teste anti-HIV no pré-natal: percepções da gestante. *Rev enferm UERJ*. 2010 out/dez;18(4):559-64.
12. Araújo CLF, Signes AF, Zampier VSB. O cuidado à puérpera com HIV/AIDS no alojamento conjunto: a visão da equipe de enfermagem. *Esc Anna Nery* (impr). 2012 mar;16 (1):49-56.
13. Brasil. Secretaria de Vigilância em Saúde. Programa Nacional de DST e AIDS. Manual de adesão ao tratamento para pessoas vivendo com HIV e AIDS. Série A. Normas e manuais técnicos. Série manuais nº 84. Brasília (DF): Ministério da Saúde; 2008.
14. Silva O, Tavares LHL, Paz LC. As atuações do enfermeiro relacionadas ao teste rápido anti HIV diagnóstico: uma reflexão de interesse da enfermagem e da saúde pública. *Enferm Foco* [Internet]. 2011 [acesso 2013 Jul 20]; 2(supl): 58-62. Disponível em: <http://revista.portalcofen.gov.br/index.php/enfermagem/article/view/83/69>
15. Cartaxo CMB, Nascimento CAD, Diniz CMM, Brasil DRPA. Gestantes portadoras de HIV/AIDS: Aspectos psicológicos sobre a prevenção da transmissão vertical. *Estud Psicol*. 2013 jul/set;18(3):419-27.
16. Marchi MC, Padoin SMM, Zuge SS, Paula CC, Langendorf TF, Rodrigues AP. Adults in antiretroviral therapy for the HIV/aids: implications in the daily life. *Rev enferm UFPE on line*. 2013 jun;7(6):4528-34. Disponível em: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/4160/pdf_2810
17. Melo KS, Ferreira CL, Maia EC. Mother-child relation with the human immunodeficiency virus and its particularities. *Rev enferm UFPE on line*. 2013 may;7(5):1449-57. Disponível em: <file:///C:/Documents%20and%20Settings/usuario/Meus%20documentos/Downloads/2152-40291-1-PB.pdf>
18. Viegas SMF, Penna CMM. O vínculo como diretriz para a construção da integralidade na Estratégia Saúde da Família. *Rev Rene*. 2012;13(2):375-85.

Received on: 17/06/2014
Required for review: No
Approved on: 10/02/2015
Published on: 01/07/2015

Contact of the corresponding author:
Fabiani Weiss Pereira
Rua Dom Pedro II, 205, apto 3. Bairro Cidade Nova, CEP: 96211-560. Rio Grande (RS), Brasil, CEP: 96.201-900.
E-mail: enffabiweiss@hotmail.com